

Article - Insurance

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§15–1315.

- (a)
 - (1) In this section the following words have the meanings indicated.
 - (2) “Individual Exchange” has the meaning stated in § 31–101 of this article.
 - (3) “Qualified health plan” has the meaning stated in § 31–101 of this article.
 - (4) “Qualified individual” has the meaning stated in § 31–101 of this article.
- (b) This section applies to a qualified health plan that is issued on or after January 1, 2014, by a carrier through the Individual Exchange.
- (c) A qualified health plan subject to this section shall include a grace period provision applicable to a qualified individual who:
 - (1) is receiving advance payments of federal premium tax credits;and
 - (2) fails to pay premiums timely.
- (d) The grace period provision shall:
 - (1) provide a grace period of 3 consecutive months after the initial premium payment to begin coverage has been paid;
 - (2) apply to qualified health plans renewed in accordance with § 15–1309 of this subtitle without the qualified individual having to pay the first month’s premium following renewal; and
 - (3) be in addition to any other grace period provision required by any other applicable State law.
- (e) During the grace period, a carrier that issues a qualified health plan subject to this section:

(1) shall pay all appropriate claims for services rendered to the qualified individual during the first month of the grace period;

(2) may pend claims for services rendered to the qualified individual in the second and third months of the grace period;

(3) shall notify the federal Department of Health and Human Services that the qualified individual is in the grace period; and

(4) shall notify providers of the possibility that claims may be denied when a qualified individual is in the second and third months of the grace period.

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